

ASSESSMENT UNIT OSCE EXAM. YEAR 4 SEMESTER 2 DATE STATION (--)

Marking Form

Assessors should circle the appropriate score box for each item of the checklist.

Candidate's name:.....	ID number:.....				
Checklist items	Marks				
Q1. Introduction and opening the session					
Introduction, orientation and ensures that patient is comfortable.	0	1	2	3	
Establishes name, age, and occupation.	0	1	2	3	
Q2. Analysis of the complaint: Ask about					
Onset, course, and duration of the weakness	0	1	2	3	
Is the weakness only in the lower limbs (or there is weakness in other part of the body)	0	2			
Is the weakness show any diurnal variation?	0	1			
Is weakness associated with sensory symptoms?	0	2			
Is the weakness associated with sphincter disturbances?	0	2			
Is the weakness associated with back pain?	0	1			
Is the weakness associated other body system affection	0	1			
Q3. Past history Each item =1 mark					
Similar condition,	0	1	2	3	4
Medical / Surgical disease,					
Blood transfusions,					
Drug history.					
Q4. Family history Each item =1 mark					
Consanguinity,	0	1	2	3	

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Similar disease,					
Other chronic conditions					
Q5. Social history Each item =1 mark					
Special habit (smoking, alcohol, elicited drugs)	0	1	2	3	4
Traveling abroad					
Q6. Anatomically where is the lesion? And why? Justify your answer. 2marks for each question					
in the spinal cord.	0	2	4	3	4
As affection only in both legs, with sensory and sphincter lesion					
Q7. Can you list at least FOUR causes that might result in a lesion at this location?					
Any four each carries 1 mark.					
Trauma, tumour, infection, disc prolapse, infarction, haemorrhage, syringomyelia, vertebral fracture.	0	1	2	3	4
Q8. What are the characteristics of spinal cord lesions? 4 points are required. each point=1mark					
It is upper motor neurons lesion characterized by.	0	1	2	3	4
Hyper Tonia					
Hyperreflexia					
Late muscle wasting					
Positive planter Flexion sign (Babinski)					
Total Marks					/ 38
Candidate Performance Global rating					
1	2	3	4	5	
Unsatisfactory	Borderline (fail)	Pass	Good	Excellent	
Assessor Name:			Signature:		